



Cancer Registration

Helpful Tips on Rules & Guidelines

Volume 1, No. 1

Quality cancer incidence data requires a team effort. The Texas Cancer Registry (TCR) would not be able to collect good quality statewide data without all the cancer registrars/reporters. In an effort to facilitate cancer reporting for reporting facilities, we will share the most frequently asked questions with you. A flyer will be mailed out every month which will be organized by topic so that it can serve as a quick reference for you.

This Month's Topic : **Multiple Primaries**

Most Frequently Asked Questions :

Colon / Rectum

Q : How do you determine a multiple primary in the colon?

A : Each sub-site is considered a separate primary in the colon (if diagnosed within two months, not a recurrence or mets).

Example : Independent tumors occurring in the transverse colon (C18.4) and descending colon (C18.6) must be reported separately as independent primaries, whatever their histologic type and whether or not they appear within two months of each other.

Resources : CRH page 27; Appendix G, page ii
ROADS page 17;
SEER 3rd Ed, Jan. 1998, page 7
Cancer Reporting in California, 5/98, page 75

Q : Are malignant multiple polyps in different segments of the colon considered separate primaries?

A : **NO.**

If the patient has multiple polyps in the colon that involve more than one sub-site (ex. transverse colon, sigmoid, ascending colon) it is coded as a single primary.

Example : Adenocarcinoma of polyps in transverse colon and adenocarcinoma in multiple adenomatous polyps in the sigmoid colon, is one primary. The final diagnosis is adenocarcinoma of multiple colon polyps, colon, NOS. The topography is coded to colon, NOS, (C18.9) and the morphology code would be 8221/3.

Resource : CRH Appendix G, page Gv

Q : What are multiple malignant polyps in the same sub-site of the colon coded to?

A : Multiple polyps in the same sub-site of the colon are coded to that sub-site.

Example : Multiple malignant polyps in the cecum are coded to the cecum (C18.0).

Resource : ROADS page 103.

Breast

Q : If a patient has both infiltrating duct carcinoma, NOS (85003) and lobular carcinoma, NOS (85203) in the same breast and diagnosed within two months of each other, is this considered one or two primaries?

A : One primary. In this instance the combination code 85223, infiltrating duct and lobular carcinoma is used.

Resource : CRH page 24
ROADS page 19

Melanoma

Q : We had a patient that came in with two separate lesions on the skin. One lesion was on the right shoulder and the other was on the left hand. After excision of these lesions, it was determined that both lesions were malignant melanoma. Would the patient be considered to have one or two primaries?

A : Each occurrence of melanoma of the skin is a new / separate primary unless a physician states that one of the lesions is metastatic from the other. This patient would have two primaries.

Resource : CRH Appendix G, page ii
ROADS page 41.

Lymphatic and Hematopoietic Diseases

- The topography (site) is NOT to be considered in determining multiple primaries for lymphatic and hematopoietic diseases.

Example : A patient is diagnosed as having Burkitt's lymphoma (9687) in the mediastinal nodes and lymphosarcoma (9592) in the axillary nodes. This would be one primary.

Resource : CRH Appendix G, page ix;
ROADS Appendix B, page vi.

- The interval between diagnosis is NOT to enter into the decision for lymphatic and hematopoietic diseases.

Example : A patient is diagnosed with malignant lymphoma (9590) in 1994. Now, in 2000, bx shows pt has leukemia (9800). The leukemia would NOT be a separate primary.

Resource : CRH Appendix G, page viii
ROADS Appendix B, page iv.

*Remember : Multiple primaries keep the same registry number.
Reference Appendix G (CRH) for hematopoietic and lymphatic diseases.
Beware of metastatic sites - determine the primary site.
Do not report a metastatic site as a separate primary.
Reference all reports in the medical record for the necessary information.
A single lesion in the colon EXTENDING to a different sub-site of the colon would not be two primaries.

Any questions, comments or suggestions will be greatly appreciated and should be directed to your regional office or via email to susan.perez@tdh.state.tx.us.

Please let us know if you are not on our mailing list.

Resources : Cancer Reporting Handbook (CRH) Registry Operations and Data Standards (ROADS)
Surveillance, Epidemiology and End Results (SEER)

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